

**CARROLL COUNTY HEALTH DEPARTMENT  
BUREAU OF ENVIRONMENTAL HEALTH  
290 South Center Street; P.O. Box 845  
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[www.carrollhealthdepartment.dhmh.md.gov](http://www.carrollhealthdepartment.dhmh.md.gov)

Larry L. Leitch, M.A., M.P.A.  
Health Officer, Carroll County

Elizabeth M. Ruff, M.D.  
Deputy Health Officer

**Date:** \_\_\_\_\_

**Subject:** Increase in Sewage Flow Above Existing Septic System Capacity

**Property:** Street Address \_\_\_\_\_  
City/State \_\_\_\_\_  
Tax Map \_\_\_\_\_ Block \_\_\_\_\_ Parcel \_\_\_\_\_  
Permit Number \_\_\_\_\_ Area Sanitarian

I, \_\_\_\_\_, have been advised that changes in activities or modifications to the structure located at the address noted above will result in calculated sewage flows above that for which the existing septic system is designed and that the system will no longer be in compliance with regulatory standards for sizing new systems under Code of Maryland Regulations 26.04.02.05I. It is my decision to not increase the size of the existing septic system. At the time of the failure of the existing system, I agree to have a system installed that meets the regulations current at that time. I also agree to notify prospective purchasers of this affidavit and the requirements contained herein.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
Date

\_\_\_\_\_  
Mailing Address

\_\_\_\_\_  
Phone Number